

# OZARKS TECHNICAL COMMUNITY COLLEGE

## Employer Work Experience Statement

Please print clearly with a pen.

Name of Licensed Dentist (Employer) \_\_\_\_\_

Dentist's License Number\* \_\_\_\_\_ State \_\_\_\_\_

\*The dentist must be licensed in the U.S., U.S. Territories, or Canada in order to verify the candidate has been trained in the functions below. (However, it is acceptable if the dental assisting work experience was completed in another country).

Name of Candidate (Assistant): \_\_\_\_\_

I hereby attest that the above named candidate has been in my employment for (check one):

A minimum of at least three years. I am verifying all employment even if the candidate has worked for other dentists in prior years.

Indicate dates of employment: From \_\_\_\_\_ To \_\_\_\_\_  
Include month and year include month and year

Indicate dates of employment: From \_\_\_\_\_ To \_\_\_\_\_  
Include month and year include month and year

If an assistant has worked for more than one dentist during the required time period, the candidate may attach a letter on office letterhead from all dentists worked for during the minimum three years. Each letter must contain the license number and signature of the dentist. This form **must** be completed and included in the application by at least one of your current or former dentists.

By signing this form, I further attest to the fact that I have personally trained or can verify that the candidate has been trained in the following areas. During the tenure of employment, if this assistant does not perform all of these functions in the office, he or she must still possess a basic understanding of them in order to increase his or her likelihood of success on the examination. If the candidate has not been trained in or has not demonstrated basic knowledge of all areas listed below, he or she is not eligible to sit for the exam and should not apply until these functions have been performed or knowledge demonstrated.

<ul style="list-style-type: none"><li>•Preliminary examination of patients (intraoral and extraoral)</li><li>•Charting teeth/completing treatment documentation</li><li>•Using diagnostic aids (such as radiographs and impressions for study models)</li><li>•Taking and recording patient's vital signs</li></ul>	<ul style="list-style-type: none"><li>•Four-handed dentistry techniques</li><li>•Preparation and understanding of armamentarium</li><li>•Performing and assisting with intraoral procedures</li><li>•Managing patients</li><li>•Processes and procedures for the laboratory</li></ul>	<ul style="list-style-type: none"><li>•Use, handling, characteristics of dental materials</li><li>•Providing oral health patient education</li><li>•Office operations (inventory, ordering, equipment maintenance and legal)</li><li>•Preventing/managing dental/medical emergencies</li></ul>
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**X** \_\_\_\_\_  
Signature of Licensed Dentist

**X** \_\_\_\_\_  
Date